

CT Insurance Premiums Tax Reg. No.	1	Enter 30% (.30) of the tax shown on 2005 Form 207F, Line 18.	1		
▶	2	Enter amount from <i>Schedule 1</i> , Line 5 (on back).	2		
Date Received (DRS Use Only)	3	Enter the lesser of Line 1 or Line 2.	3		
▶	4	Enter overpayment from prior year applied to estimated tax for current year.	4		
Federal Employer ID Number	5	Payment due with this coupon (Subtract Line 4 from Line 3.)▶	5		
▶					

Please change  
name or  
mailing  
address, or  
both,  
if shown  
incorrectly  
at right

**Due Date:** March 15, 2006  
**Make Checks Payable To:**  
Commissioner of Revenue Services  
**Mail To:** Department of Revenue Services  
Processing Section  
PO Box 2990  
Hartford CT 06104-2990

CT Insurance Premiums Tax Reg. No.	1	Enter 60% (.60) of the tax shown on 2005 Form 207F, Line 18.	1		
▶	2	Enter amount from <i>Schedule 1</i> , Line 5 (on back).	2		
Date Received (DRS Use Only)	3	Enter the lesser of Line 1 or Line 2.	3		
▶	4	Enter amount paid with Form 207F ESA plus overpayment from prior year applied to estimated tax for current year.	4		
Federal Employer ID Number	5	Payment due with this coupon (Subtract Line 4 from Line 3.)▶	5		
▶					

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**Due Date:** June 15, 2006  
**Make Checks Payable To:**  
Commissioner of Revenue Services  
**Mail To:** Department of Revenue Services  
Processing Section  
PO Box 2990  
Hartford CT 06104-2990

CT Insurance Premiums Tax Reg. No.	1	Enter 80% (.80) of the tax shown on 2005 Form 207F, Line 18.	1		
▶	2	Enter amount from <i>Schedule 1</i> , Line 5 (on back).	2		
Date Received (DRS Use Only)	3	Enter the lesser of Line 1 or Line 2.	3		
▶	4	Enter amount paid with Forms 207F ESA and 207F ESB plus overpayment from prior year applied to estimated tax for current year.	4		
Federal Employer ID Number	5	Payment due with this coupon (Subtract Line 4 from Line 3.)▶	5		
▶					

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**Due Date:** September 15, 2006  
**Make Checks Payable To:**  
Commissioner of Revenue Services  
**Mail To:** Department of Revenue Services  
Processing Section  
PO Box 2990  
Hartford CT 06104-2990

CT Insurance Premiums Tax Reg. No.	1	Enter the tax shown on 2005 Form 207F, Line 18.	1		
▶	2	Enter amount from <i>Schedule 1</i> , Line 5 (on back).	2		
Date Received (DRS Use Only)	3	Enter the lesser of Line 1 or Line 2.	3		
▶	4	Enter amount paid with Forms 207F ESA, 207F ESB, and 207F ESC plus overpayment from prior year applied to estimated tax for current year.	4		
Federal Employer ID Number	5	Payment due with this coupon (Subtract Line 4 from Line 3.)▶	5		
▶					

Please change  
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**Due Date:** December 15, 2006  
**Make Checks Payable To:**  
Commissioner of Revenue Services  
**Mail To:** Department of Revenue Services  
Processing Section  
PO Box 2990  
Hartford CT 06104-2990

Who Must File This Coupon

Each foreign or nonresident insurance company carrying on an insurance business in Connecticut whose insurance premiums tax, **after** the application of *guaranty association assessment credits*, *Insurance Department assessment credit* (if applicable), and *general business tax credits* (as defined in **Special Notice 2003(17)**, *2003 Legislation Affecting the Insurance Premiums Tax*), for calendar year 2006 will be \$1,000 or more must file this coupon.

Interest

If the payment due with this coupon is not made on or before the due date of this coupon, interest will accrue at the rate of 1% (.01) per month, or fraction of a month, on the amount not paid from the due date of this coupon until the date of payment.

Schedule 1

1	Enter estimated insurance premiums tax due for calendar year 2006 <b>prior to</b> the application of guaranty association assessment credits, Insurance Department assessment credit (if applicable), and general business tax credits.	00
2	Multiply Line 1 by 70% (.70).	00
3	Enter estimated Insurance Department assessment credit (if applicable), and general business tax credits against insurance premiums tax due for calendar year 2006. (May not exceed amount entered on Line 2)	00
4	Subtract Line 3 from Line 1.	00
5	Multiply Line 4 by 27% (.27).	00

207F ESA Back (Rev. 12/05)

Who Must File This Coupon

Each foreign or nonresident insurance company carrying on an insurance business in Connecticut whose insurance premiums tax, **after** the application of *guaranty association assessment credits*, *Insurance Department assessment credit* (if applicable), and *general business tax credits* (as defined in **Special Notice 2003(17)**, *2003 Legislation Affecting the Insurance Premiums Tax*), for calendar year 2006 will be \$1,000 or more must file this coupon.

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Schedule 1

1	Enter estimated insurance premiums tax due for calendar year 2006 <b>prior to</b> the application of guaranty association assessment credits, Insurance Department assessment credit (if applicable), and general business tax credits.	00
2	Multiply Line 1 by 70% (.70).	00
3	Enter estimated Insurance Department assessment credit (if applicable), and general business tax credits against insurance premiums tax due for calendar year 2006. (May not exceed amount entered on Line 2)	00
4	Subtract Line 3 from Line 1.	00
5	Multiply Line 4 by 54% (.54).	00

207F ESB Back (Rev. 12/05)

Who Must File This Coupon

Each foreign or nonresident insurance company carrying on an insurance business in Connecticut whose insurance premiums tax, **after** the application of *guaranty association assessment credits*, *Insurance Department assessment credit* (if applicable), and *general business tax credits* (as defined in **Special Notice 2003(17)**, *2003 Legislation Affecting the Insurance Premiums Tax*), for calendar year 2006 will be \$1,000 or more must file this coupon.

Interest

If the payment due with this coupon is not made on or before the due date of this coupon, interest will accrue at the rate of 1% (.01) per month, or fraction of a month, on the amount not paid from the due date of this coupon until the date of payment.

Schedule 1

1	Enter estimated insurance premiums tax due for calendar year 2006 <b>prior to</b> the application of guaranty association assessment credits, Insurance Department assessment credit (if applicable), and general business tax credits.	00
2	Multiply Line 1 by 70% (.70).	00
3	Enter estimated Insurance Department assessment credit (if applicable), and general business tax credits against insurance premiums tax due for calendar year 2006. (May not exceed amount entered on Line 2)	00
4	Subtract Line 3 from Line 1.	00
5	Multiply Line 4 by 72% (.72).	00

207F ESC Back (Rev. 12/05)

Who Must File This Coupon

Each foreign or nonresident insurance company carrying on an insurance business in Connecticut whose insurance premiums tax, **after** the application of *guaranty association assessment credits*, *Insurance Department assessment credit* (if applicable), and *general business tax credits* (as defined in **Special Notice 2003(17)**, *2003 Legislation Affecting the Insurance Premiums Tax*), for calendar year 2006 will be \$1,000 or more must file this coupon.

Interest

If the payment due with this coupon is not made on or before the due date of this coupon, interest will accrue at the rate of 1% (.01) per month, or fraction of a month, on the amount not paid from the due date of this coupon until the date of payment.

Schedule 1

1	Enter estimated insurance premiums tax due for calendar year 2006 <b>prior to</b> the application of guaranty association assessment credits, Insurance Department assessment credit (if applicable), and general business tax credits.	00
2	Multiply Line 1 by 70% (.70).	00
3	Enter estimated Insurance Department assessment credit (if applicable), and general business tax credits against insurance premiums tax due for calendar year 2006. (May not exceed amount entered on Line 2)	00
4	Subtract Line 3 from Line 1.	00
5	Multiply Line 4 by 90% (.90).	00

207F ESD Back (Rev. 12/05)

Required Annual Payment

For estimated insurance premiums tax purposes, a foreign or nonresident insurance company's required annual payment is the lesser of:

- 90% (.90) of the tax shown on its 2006 Form 207F (**after** the application of guaranty association assessment credits, Insurance Department assessment credit (if applicable), and general business tax credits); **or**
- 100% of the tax shown on your 2005 Form 207F, Line 18.

Required Annual Payment

For estimated insurance premiums tax purposes, a foreign or nonresident insurance company's required annual payment is the lesser of:

- 90% (.90) of the tax shown on its 2006 Form 207F (**after** the application of guaranty association assessment credits, Insurance Department assessment credit (if applicable), and general business tax credits); **or**
- 100% of the tax shown on your 2005 Form 207F, Line 18.

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- 90% (.90) of the tax shown on its 2006 Form 207F (**after** the application of guaranty association assessment credits, Insurance Department assessment credit (if applicable), and general business tax credits); **or**
- 100% of the tax shown on your 2005 Form 207F, Line 18.

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- 90% (.90) of the tax shown on its 2006 Form 207F (**after** the application of guaranty association assessment credits, Insurance Department assessment credit (if applicable), and general business tax credits); **or**
- 100% of the tax shown on your 2005 Form 207F, Line 18.